

215025089
49987

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 025	Agency Case No. B5-056325	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 06/24/2015		TIME OF ACCIDENT 1715	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1720	06/24/2015	
B	90	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. 16TH - 17TH R STREET			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION		
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
		70.00		X 17TH STREET		
V1/M	01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M	19	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN
E	2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO
VEHICLE NO. 1						
F	1	DRIVER LICENSE NO.	H13355795		STATE (Of License)	NE
V1/N	2	DRIVER	ALEX J RILEY		PHONE	402-706-1762
V2/N	2	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	03/17/1993
		1321 N 9TH STREET #B3, LINCOLN, NE 68508				
G	2	OWNER	STATE OF NEBRASKA 51		PHONE	
		OWNER ADDRESS		CITY, STATE, ZIP	CITATION	YES NO
		32 CANFIELD ADMINISTRATION, LINCOLN, NE 68588				
H	5	LICENSE PLATE	GG	NO. 16102	YEAR (Plate Expires)	STATE (Of Plate) NE
V1/O	1	VEHICLE	2009	MAKE Chevrolet	MODEL BLT	BODY STYLE 4 door Sedan
V2/O	1	VEHICLE ID NO. (VIN)	1G1AT55H297275728		COLOR red	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 900
		TOWED TO		TOWED BY	INSURANCE COMPANY	UNITED EDUCATORS
					POLICY NO.	GLX200400020800
VEHICLE NO. 2						
I	1	DRIVER LICENSE NO.	H13455057		STATE (Of License)	NE
V1/P	1	DRIVER	CODY J CAMPBELL		PHONE	402-601-7790
V2/P	1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	11/07/1993
		6941 FAIRFAX AVE, LINCOLN, NE 68505				
J	01	OWNER	JAMES CAMPBELL		PHONE	
		OWNER ADDRESS		CITY, STATE, ZIP	CITATION	YES NO
		6941 FAIRFAX, LINCOLN, NE 68505				
V1/Q	4	LICENSE PLATE	PA	NO. SSM950	YEAR (Plate Expires)	2015
V2/Q	4	VEHICLE	1999	MAKE Oldsmobile	MODEL BRA	BODY STYLE Compact Utility
		VEHICLE ID NO. (VIN)	1GHDT13WXX2720185		COLOR black	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 500
		TOWED TO		TOWED BY	INSURANCE COMPANY	ALLSTATE
					POLICY NO.	921636013
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

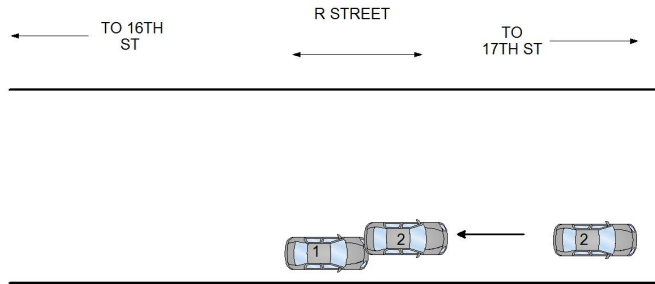
AGENCY CASE NO.
B5-056325



Indicate
North
by Arrow



POI: APPROX 75' W OF W
C OF 17TH
APPROX 5' N OF S C
OF R STREET



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

DV1 STATED HE WAS GOING EB ON R STREET IN THE SOUTH LANE OF TRAFFIC. HE HAD STOPPED BECAUSE THE VEHICLE IN FRONT OF HIM HAD STOPPED FOR A RED LIGHT. DV2 WHO WAS DIRECTLY AHEAD OF HIM SUDDENLY BACKED UP AND COLLIDED WITH HIS VEH. DV2 STATED HE WAS EB ON R STREET IN THE SOUTH LANE OF TRAFFIC. HE SAID HE LOOKED BEHIND HIM AND DIDN'T SEE ANY VEHICLES SO HE BACKED UP BECAUSE HE WANTED TO GET INTO THE TURN LANE TO GO NB ONTO 17TH STREET. WHEN HE BACKED UP HE COLLIDED WITH DV1. DV2 WAS CITED AND RELEASED.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	2		
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME														
1			X		R STREET														
2			X		R STREET														
1	01				06 Turning left		POINT OF IMPACT		01	POINT OF IMPACT		04							
2	02				08 Entering traffic lane		MOST DAMAGED AREA		01	MOST DAMAGED AREA		04							
				01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other				01 02 03 04 08 07 06							
										1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown							
										VEHICLE 2 4		VEHICLE 2 2							
										VEHICLE 2 4		VEHICLE 2 2							

OFFICER NO. 1165	TROOP/ TEAM/ BEAT CE	DEPARTMENT Lincoln Police Department	Photographs <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME <i>(Print or Type)</i> Todd Danson		INVESTIGATOR SIGNATURE Approved by Ofc. T. Danson	DATE OF REPORT 06/24/2015